

STATE OF IDAHO
 OUTFITTERS AND GUIDES LICENSING BOARD
 1365 North Orchard – Room 172 – Boise, Idaho 83706
 Telephone (208) 327-7380 – Fax (208) 327-7382
 Enforcement (208) 327-7167
 licensing@oglb.idaho.gov - www.oglb.idaho.gov

OUTFITTER LICENSE APPLICATION For a Sole Proprietor

PLEASE TYPE OR PRINT ALL INFORMATION

For Board Use Only

 Amount paid / date

 Remitter

 Check No. / Type

Resident Statement: I am a ☐ Resident, ☐ Non-Resident of the State of Idaho.

☐ I intend to guide and have signed the affidavit/certification within this application.

☐ I will not be guiding but will hire qualified guides.

A license fee will be required (upon approval of application) before license will be issued.

License Fees: Submit fees in the form of a money order, cashier's check, certified check, or a check from an Idaho Outfitter/DA applicant made payable to the Idaho Outfitters and Guides Licensing Board (IOGLB), OR you may agree to pay your fees using your credit card. You may either use the card you have on file or submit new card information.

All first time applications must be accompanied by a processing fee.

A processing fee will be assessed on all returned checks or unprocessable credit cards.

Current fees can be found at IOGLB's website at www.oglb.idaho.gov

WE CANNOT ACCEPT CASH AT ANY TIME.

Authorization to Use Credit Card on File

Amount \$ _____

Outfitter/DA Signature _____ Outfitter/DA Printed Name _____

Outfitter License # _____

Outfitter/DA Credit Card Authorization (Outfitters/DAs who want to use a card that is not on file)

Amount \$ _____

Print cardholder name _____ # on Card _____

Cardholder Signature _____ Exp. Date _____

Outfitter/DA Signature _____ Outfitter/DA Printed Name _____

Outfitter License # _____

(A) Personal Data (Please Print)

Name _____ Phone (____) _____

Assumed Business Name (dba)* (if applicable) _____

Address _____ City/State _____ Zip Code _____

Sex _____ Hair _____ Ht. _____ Wt. _____ Eye Color _____

Social Security # _____ Green Card # _____ Birth date: _____

E-mail _____ Web address: _____

* An assumed business name is any name "other than the true and real name, or names, of the persons or persons, conducting or transacting such business," Idaho Code 53-501. However, words describing the business, together with the person's last name (e.g. Smith Outfitter), generally do not constitute an assumed business name. No person is to conduct business using an assumed business name unless that name is filed with the county recorder where the business is being conducted. Operating a business without filing the assumed business name is a misdemeanor, Idaho Code 53-507, and the business cannot initiate a lawsuit, Idaho Code 53-508. The Board cannot indicate an assumed business name on a license unless a copy of the assumed business name certificate is filed with this application.

(B) Guide Activities (check appropriate activities below)

HUNTING

- ☐ Antelope*
- ☐ Deer*
- ☐ Elk*
- ☐ Goat*
- ☐ Sheep*
- ☐ Moose*
- ☐ Bear*
- ☐ Cougar*
- ☐ Predators*
- ☐ Birds (specify)
 - ☐ Forest Grouse
 - ☐ Chukar
 - ☐ Other: _____

BOATING

- ☐ River (attach Form OG-5)
 - ☐ Power*
 - ☐ Float*
- ☐ Lake(s) (specify) _____
- ☐ Reservoir(s) (specify) _____
- FISHING** (specify)
 - ☐ Anadromous (Salmon, Steelhead)
 - ☐ Fly Fishing
 - ☐ Power Boat Fishing
 - ☐ Float Boat Fishing
 - ☐ Walk and Wade Fishing
 - ☐ Incidental Fishing
 - ☐ Other Species _____

RECREATION

- ☐ Trailrides
- ☐ Backpacking
- ☐ Snowmobiling*
- ☐ Technical Mountaineering/Rock Climbing*
- ☐ Level I Skiing*
- ☐ Level II Skiing*
- ☐ Mountain Bike Touring
- ☐ Photography Trips
- ☐ Survival Course
- ☐ Llama Packing

☐ Other (please specify) _____

* Training forms, or guide license showing apprentice status, will be issued for those activities for which applicant does not have training credentials on file with the Board or attached to this application.

(C) References

1. List five (5) references with complete address and phone #, not related, who have known you for at least five (5) years, three (3) of whom have knowledge of your qualifications to be licensed as an outfitter. Two (2) should be bank or credit references.

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

2. Give names, addresses and phone # of your two (2) most recent employers, and dates of employment with each.

- a. _____
- b. _____

(D) Worded Operating Area boundary requested. (PLEASE TYPE) (If more space is required, use separate sheet)

If the operating area description of each of the activities you are applying for has not appeared on a previous license, you must send a complete standard Forest Service and/or Bureau of Land Management map at a scale of at least 3/8" to the mile that outlines or otherwise portrays the area(s) and/or activities applied for together with a worded description using natural boundaries (i.e.; rivers, creeks, ridges) where possible of the area(s), including the Section, Township, and Range of the beginning point of said area(s) and/or activities. A Map must also accompany this application. See guidelines for instructions.

(Specify Fish and Game Unit(s) applied for in which proposed activities will be conducted _____.)

(E) Attachments

I, _____, being first fully sworn on oath, state I have completed the foregoing application and verify the truth of the information provided, that I have obtained and reviewed the current Idaho Outfitters & Guides Act and Board Rules within the last six (6) months. I certify that the following documents included with this application are true and correct:

- ☐ Operating Plan (Form OG-7)
- ☐ Training Credentials (if guiding)
- ☐ Financial Statement (Form OG-8)
- ☐ Private Land Manager's Statement (Form OG-10) (if applicable)
- ☐ Copy of certificate for assumed business name* (dba) (if applicable)
- ☐ Copy of executed Sales Agreement including list of assets being transferred and release of interest from seller (if applicable)
- ☐ Copy of lease agreement (if applicable)
- ☐ Document Release Authorization (Form OG-14)

(F) Affidavit/Certification

IMPORTANT – READ THOROUGHLY, COMPLETE AND SIGN

I certify that I:

- HAVE** ___ **HAVE NEVER** ___ been convicted of or received a withheld judgment for a felony in any state, pursuant to 36-2113. I.C;
- HAVE** ___ **HAVE NEVER** ___ paid two (2) or more forfeitures of any deposits of money or collateral with a court or administrative agency for a conviction for violation of regulations of the United States Forest Service or the Bureau of Land Management;
- HAVE** ___ **HAVE NEVER** ___ been convicted of any violation or paid any funds to a court with respect to a citation of any state or federal fish and game laws or outfitting and guiding laws of ANY state;
- HAVE** ___ **HAVE NEVER** ___ forfeited bail or collateral deposited to secure appearance on a charge of violation of the Fish and Game laws of the State of Idaho;
- HAVE** ___ **HAVE NEVER** ___ been found to have committed a violation of the Idaho Outfitters and Guides Act or Board Rules, or been denied an outfitter or guide license in any state.

A **conviction** includes any forfeiture of bail or bond, suspended sentence, probation or withheld judgment.

If you marked **HAVE** on any of the above, you must attach an explanation (court disposition and police reports for felonies), including the year and location. If a violation has been reviewed previously, please indicate "on file" next to violation.

I will have a valid First Aid Card in my possession and readily available before guiding.

Signature of Outfitter Applicant: _____ Date: _____

NOTARY (Required for all outfitter applications)

State of _____

County of _____ ss:

On this _____ day of _____, 20 ____, before me, the undersigned, a Notary Public in and for said state personally appeared _____, known to me to be the person

whose name is subscribed to the above and foregoing instrument, and acknowledged to me that he/she executed the same.

IN WITNESS THEREOF, I have hereunto set my hand and affixed my official seal.

[SEAL]

Notary Public for the State of _____

Residing at _____

My commission expires _____